

WHILE PLAINLY WRITING, THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and  
the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Bila</u>			BUREAU OF VITAL STATISTICS		
District of _____			ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Miami</u>			State Index No. <u>172</u>		
or _____			Co. Registrar No. <u>385</u>		
City of _____			Local Registrar No. _____		
No. _____			(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Irving Coney Allen</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug. 23, 1922</u>	(Month, day, year)
8. FATHER Full name <u>Maynard Coney Allen</u>			14. MOTHER Full maiden name <u>Myrtle Easley</u>		
9. Residence <u>Miami, Ariz</u> (Usual place of abode) If nonresident, give place and State			15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		
10. Color or race <u>White</u>	11. Age at last birthday <u>39</u> (Years)	16. Color or race <u>White</u>			
12. Birthplace (city or place) <u>Massachusetts</u> (State or country)		17. Age at last birthday <u>40</u> (Years)			
13. Occupation <u>Mechanical engineer</u> Nature of Industry		18. Birthplace (city or place) <u>Colorado</u> (State or country)			
19. Occupation <u>Housewife</u> Nature of Industry		20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.)			
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:20 a.m.</u> on the date above stated. (Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.					
Signature _____ (Physician or midwife)					
Address _____					
Given name added from a supplemental report _____ (Month, day, year)					
Filed <u>Aug 31</u> , 19 <u>22</u> <u>B. J. M. Ford</u> Local Registrar.					
Filed <u>927</u> , 19 <u>22</u> <u>B. J. M. Ford</u> County Registrar.					
<u>915-823-458</u> Registrar.					